

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

MS. KATHLEEN M CACCIOLA

Mailing Address 101 OLD MAMARONECK ROAD
APARTMENT 3D5

City State Zip Code
WHITE PLAINS NY 10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

338.96

Transaction ID : SA17A.836443

Date of Receipt

M M / D D / Y Y Y Y
06 23 2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

SUREXA CACODCAR

Mailing Address 5574 SW 30TH AVE

City State Zip Code
OCALA FL 34471

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL FLORIDA HEART CENTER

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.883688

Date of Receipt

M M / D D / Y Y Y Y
06 24 2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

MATTHEW CADABRA

Mailing Address 550 BILPER AVENUE, APT 5512

City State Zip Code
LINDENWOLD NJ 08021

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
MAGICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

209.62

Transaction ID : SA17A.816324

Date of Receipt

M M / D D / Y Y Y Y
06 22 2016

Amount of Each Receipt this Period

20.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

370.00

Total This Period (last page this line number only).....